

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

## UNITED STATES DISTRICT COURT

for the  
District of

Division

17CV 9160

Case No.

(to be filled in by the Clerk's Office)

Mansi Wu

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ No

Emblem Health Services Company, LLC

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Mansi Wu
Street Address	3003 Zulette Ave
City and County	Bronx
State and Zip Code	NY 10461
Telephone Number	917-816-5005
E-mail Address	Mansiwu529@gmail.com



**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title *(if known)*. Attach additional pages if needed.

**Defendant No. 1**

Name	Emblem Health Services Company, LLC
Job or Title <i>(if known)</i>	
Street Address	55 Water Street
City and County	New York
State and Zip Code	NY
Telephone Number	10041
E-mail Address <i>(if known)</i>	

**Defendant No. 2**

Name	Colquhoun Glover
Job or Title <i>(if known)</i>	Manager
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

**Defendant No. 3**

Name	Cameron Castleton
Job or Title <i>(if known)</i>	HR Director
Street Address	55 Water St
City and County	New York
State and Zip Code	NY 10041
Telephone Number	<del>10041</del>
E-mail Address <i>(if known)</i>	

**Defendant No. 4**

Name	Carolyn Oser
Job or Title <i>(if known)</i>	Senior Director, QA Dept
Street Address	55 Water St
City and County	New York, NY
State and Zip Code	

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Telephone Number \_\_\_\_\_

E-mail Address (if known) \_\_\_\_\_

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	Emblem Health Services Company, LLC
Street Address	55 Water Street
City and County	New York
State and Zip Code	NY 10041
Telephone Number	646-447-5000

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (check all that apply):

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☐ Other federal law (specify the federal law): \_\_\_\_\_

- ☐ Relevant state law (specify, if known): \_\_\_\_\_

- ☐ Relevant city or county law (specify, if known): \_\_\_\_\_

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☒ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts *(specify)*: Failure to recall me for employment

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

8/4/16, 7/18/16 and 7/19/16, 6/16/16, 3/15-7/19/16, 2/1/16, 10/12/15, 8/6/15, 8/2/15, 7/24/15, 5/22/15

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.
- ☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race Asian
- ☐ color \_\_\_\_\_
- ☐ gender/sex \_\_\_\_\_
- ☐ religion \_\_\_\_\_
- ☒ national origin Chinese
- ☐ age *(year of birth)* \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*  
Depression and Pregnancy

E. The facts of my case are as follows. Attach additional pages if needed.

9/29/17 - EmblemHealth falsified evidence to the Division of Human Rights by altering the email I sent out on 8/8/16 why I had to drop out of on-site training by altering and deleting a portion of my email. They also falsified the performance review by taking out the forced signed signatures as well as lied on whether my building access was denied on 8/4/16 and whom was responsible

8/9/16-8/11/16 - I was hospitalized for 3 days for complications related to my pregnancy and accumulated a bill over \$8000. Emblem Health failed to cover my hospital stay even though I had active coverage and did not review my case until 7/3/17, even then only 2 days was approved even though almost a year has lapsed since my hospital stay.

8/4/16 - My ID badge was disabled and I was denied access into the building due to the previous day I had to retrieve a mug from my old desk and re-enter the building to use the bathroom after classes due to my pregnancy caused dehydration and frequent urination problems, *Denial of access was by Cameron Castleton, HR Director.*

7/19/16 - my last day of work but I was denied building access and could not log into my computer even though I was due to go in for my exit meeting

7/18/16 - My Laptop VPN remote access had been denied even though I was not expected for lay off until the next day

6/16/16 - Emblem Health recalled aka "re-badged" several people from my old team without interviews. My request for consideration was denied, *Decision was made by Carolyn Oser.*

3/15/16 - 7/19/16 - Due to I had complications with my pregnancy, while Emblem Health allowed me to work from home, it was without proper set-up leaving me without any telephone access/contact

2/1/16 - I was transferred out of aggressor Coquita Glover's team to a redundant position intended for lay off after multiple complaints/request for HR/Upper Management action since August of 2015

1/5/16 - Under the disguise of fixing my computer's VPN remote access issues, Emblem Health switched my computer and deleted my email evidence of complaints filed with upper management and HR for Coquita Glover's actions.

10/15/15 - Aggressor former Manager Coquita Glover retaliated by intentionally left me out of a team meeting, I was subjected to all sorts of monitoring, and retaliatory actions including having her best friend and recent promoted Business Lead Alfrida Williams to change her time from 10am-6pm to 8am-4pm to physically monitor me.

10/12/15 - HR representative Richelle Reyes and Coquita Glover forced signed a discriminating 2015 Mid-Year review without my consent and signature

8/18/15 - Complaint was filed with Emblem Health Director Carol Phillips and HR William Voigt and Ken Rotondo with supporting evidence, however they failed to investigate and resolve this matter

8/6/15- I received a copy of my 2015 Mid-Year reviews which indicating my performance on the Extended 837 Project was lacking, when in fact another colleague who did not understand the project and she was promoted to Senior Business Analyst.

8/3/15 - Coquita Glover require that I send an email to her about my arrival time daily even though my ID-Badge clock in would have sufficed to check my clock-in time

7/24/15 - I interviewed for one of the four promotions for Senior Business Analyst available under Coquita Glover, she denied me the promotion to less qualified people on the same team who are of same race and color as her.

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6/25/15 - Coquita Glover told a Project Manager he is not to reach out to me directly even though our correspondance was work related to a project assigned to me

5/29/15 - Coquita Glover sent an email to me and does not allow me to attend a Women's Leadership Network developmental meeting on 6/4/15 even though the meeting is only an hour and a half long and I have been handling my workload without issue

5/22/15 - After I used my own time to write another version of the Extended 837 project summary which was requested by my former manager Coquita Glover, as a colleague Stacey Fowler's version did not made any sense, my manager told me to "Stop with your manic ways of working"

November 2014 through August of 2015 - Coquita Glover increasing assign me more project assignments, totalling 6 out of 10 team projects while the rest of the team had considerably less only 2 to 4 projects each for other colleagues.

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*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

7/19/16

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- B. The Equal Employment Opportunity Commission *(check one)*:

☐ has not issued a Notice of Right to Sue letter.

☒ issued a Notice of Right to Sue letter, which I received on *(date)* 8/24/2017

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐ 60 days or more have elapsed.

☐ less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

- Applicable Back Pay
  - Unspecified Compensatory Damages for intentional infliction Mental Anguish, Mental pain and suffering resulting in Depression requiring treatment
  - Unspecified Punitive Damages
- 

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_

Signature of Plaintiff \_\_\_\_\_

Printed Name of Plaintiff \_\_\_\_\_

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_



Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

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Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**  
**New York District Office**

33 Whitehall Street, 5<sup>th</sup> Floor  
New York, NY 10004-2112  
For General Information: (800) 669-4000  
TTY: (800)-669-6820  
District Office: (212) 336-3620  
General FAX: (212) 336-3625

Mansi Wu  
3003 Zulette Avenue  
Bronx, NY 10461

Re: Wu v. Emblem Health  
EEOC Charge No. 520-2016-03071

Dear Ms. Wu,

The Equal Employment Opportunity Commission (hereinafter referred to as the "Commission") has reviewed the above-referenced charge according to our charge prioritization procedures. These procedures, which are based on a reallocation of the Commission's staff resources, apply to all open charges in our inventory and call for us to focus our limited resources on those cases that are most likely to result in findings of violations of the laws we enforce.

In accordance with these procedures, we have examined your charge based upon the information and evidence you submitted. Based on its analysis of all the evidence submitted, the Commission is unable to conclude that the information establishes a violation of Federal law on the part of Respondent. This does not certify that Respondent is in compliance with the statutes. No finding is made as to any other issue that might be construed as having been raised by this charge.

The Commission's processing of this charge has been concluded. Included with this letter is your Notice of Dismissal and Right to Sue. Following this dismissal, you may only pursue this matter by filing suit against the Respondent named in the charge within 90 days of receipt of said notice. Otherwise, your right to sue will be lost.

Please contact Federal Investigator Sarina Shaver at (212) 336-3776 if you have any questions.

Sincerely,

 for  
Kevin Berry  
District Director

8/24/17  
Date

Enclosure(s):  
EEOC Form 161, "Dismissal and Notice of Rights"  
Copy of EEOC handout, "Facts About Filing"

EEOC Form 161 (11/16)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Mansi Wu**  
**3003 Zulette Avenue**  
**Bronx, NY 10461**

From: **New York District Office**  
**33 Whitehall Street**  
**5th Floor**  
**New York, NY 10004**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**520-2016-03071**

**Sarina L. Shaver,**  
**Investigator**

**(212) 336-3776**

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

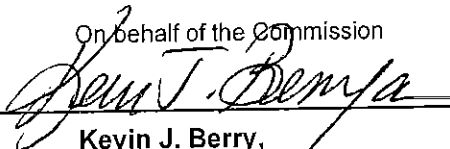
## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



**Kevin J. Berry,**  
**District Director**

8/24/17

(Date Mailed)

Enclosures(s)

CC: **Director of Human Resources**  
**EMBLEM HEALTH**  
**55 Water Street**  
**New York, NY 10041**

520-2016-03071

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**  
**New York District Office – INTAKE**  
 33 Whitehall Street, 5<sup>th</sup> Floor  
 New York, NY 10004

This agency enforces the laws against discrimination in employment based on race, color, religion, national origin, age, sex, disability, or genetic information. The event you are complaining about must have occurred within a maximum of 300 days of the filing of a charge. Our jurisdiction covers public and private employers with 15 or more employees (20 or more employees for age complaints), labor unions, and employment agencies located in New York State south of Albany. If you work for the Federal Government, you must first contact your agency's Equal Employment Office in order to file a complaint.

To better serve your interest and avoid delays in processing your complaint, please answer the following questions:

NAME: Mansi Wu

TEL. NO. WHERE WE CAN CONTACT YOU: 917-816-5005

A. What was the Latest or Most Recent Date of discrimination which you are alleging?

07/19/16

B. Does your employer have fewer than 15 employees (20 for age complaints)?

Yes ☐ No ☒ How many employees? 4000 +

C. Have you filed a complaint with another agency (such as the New York State Division of Human Rights or the New York City Commission on Human Rights)?

Yes ☐ No ☒

If Yes, Name of agency and date of filing:

\_\_\_\_\_

D. Do you work for a Federal Government Agency (Such as the U.S. Postal Service)?

Yes ☐ No ☒

\*\*\*IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE SEE THE RECEPTIONIST, AS THE EEOC MAY NOT HAVE JURISDICTION OVER YOUR CLAIMS

If you answered NO to the above questions, please fill out the questionnaire and return it the receptionist, who will give you further instructions about our procedures.

RECEIVED  
 2016 JUL 19 PM 2:07  
 EEOC  
 NEW YORK DISTRICT OFFICE



## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

### 1. Personal Information

Last Name: Wu First Name: Mansi MI: \_\_\_\_\_  
 Street or Mailing Address: 3003 Zulette Ave Apt or Unit #: \_\_\_\_\_  
 City: Bronx County: [X] State: NY Zip: 10461  
 Phone Numbers: Home: (917) 816-5005 Work: ( ) - laid off  
 Cell: ( ) \_\_\_\_\_ Email Address: MansiWu@me.com  
 Date of Birth: 08/29/79 Sex: ☐ Male ☒ Female Do You Have a Disability? ☒ Yes ☐ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☒ Asian ☐ White  
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? Chinese

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Monting Ng Relationship: sister  
 Address: 1209 Ave V City: Brooklyn State: NY Zip Code: 11229  
 Home Phone: (646) 763-7034 Other Phone: ( ) \_\_\_\_\_

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) \_\_\_\_\_

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here \_\_\_\_\_ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: Emblem Health  
 Address: 55 Water St County: \_\_\_\_\_  
 City: New York State: NY Zip: 10041 Phone: (646) 447-5000  
 Type of Business: \_\_\_\_\_ Job Location if different from Org. Address: \_\_\_\_\_  
 Human Resources Director or Owner Name: William Voigt Phone: (646) 447-5964

Number of Employees in the Organization at All Locations: Please Check (✓) One

☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☐ No

Date Hired: 02/18/14 Job Title At Hire: Testing Analyst  
 Pay Rate When Hired: 60,000 Last or Current Pay Rate: 61,200  
 Job Title at Time of Alleged Discrimination: QA Tester Date Quit/Discharged: 07/19/16  
 Name and Title of Immediate Supervisor: Helen Cohen

If Job Applicant, Date You Applied for Job \_\_\_\_\_ Job Title Applied For \_\_\_\_\_

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☐ Race ☐ Sex ☐ Age ☐ Disability ☐ National Origin ☐ Religion ☒ Retaliation ☒ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; circle which type(s) of genetic information is involved: i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: \_\_\_\_\_

If you checked genetic information, how did the employer obtain the genetic information? \_\_\_\_\_

Other reason (basis) for discrimination (Explain): \_\_\_\_\_

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 10/12/15 Action: EmblemHealth force signed a ~~false~~ 2015 mid-year review by former mgr Coquta Glover Even though I filed a complaint against her

Name and Title of Person(s) Responsible: Coquta Glover & HR

B. Date: 10/12/15 - 1/31/16 Action: Excluded from meetings, required email clock in to mgr & unwarranted targeting by teammates, revoked internet access

Name and Title of Person(s) Responsible: Coquta Glover & Carol Phillips

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

Although upper mgmt Caroline Oser & Ilene Cohen reassigned me to new team on 2/1/16, it has no work leading to the elimination of my position

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

EmblemHealth around End of June/Beginning May reduced a whole bunch of people allowing them to keep their jobs

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, sex, age, national origin, religion or disability	Job Title	Description of Treatment
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A. Jayashree Manoharan,	Indian, Early 30s	QA Analyst	She got the promotion & didn't get laid off
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B. Shreeta Anora	Indian, Early 30s	QA Analyst	She got the promotion & although she is also on the 7/19/16 lay off list, EmblemHealth
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Of the persons in the same or similar situation as you, who was treated worse than you?

Full Name	Race, sex, age, national origin, religion or disability	Job Title	Description of Treatment
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A. None

B. \_\_\_\_\_

Of the persons in the same or similar situation as you, who was treated the same as you?

Full Name	Race, sex, age, national origin, religion or disability	Job Title	Description of Treatment
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A. None

B. \_\_\_\_\_

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability  
☐ I do not have a disability now but I did have one  
☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

I notified EmblemHealth of my pregnancy in March 2016 because I have been developed bleeding issue. I believe EmblemHealth put me on the lay off list because I filed complaint against my mgr + as well as my preg

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

☐ Yes ☐ No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

☒ Yes ☐ No

If "Yes," when did you ask? 5/3/16 How did you ask (verbally or in writing)? Email

Who did you ask? (Provide full name and job title of person)

Peter Landuskey, mgr / Ilene Cohen - director

Describe the changes or assistance that you asked for:

Work from home

How did your employer respond to your request?

It was accommodated however, my business phone was not set-up for me to access calls directly



13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A. Dina Todorov	QA Lead	646 610 1855	Those are ppl I work closely w/ on projects & know my
B. Rajeswar Kambhampati	QA Lead	908 477-6193	acknowledge & skills &
Harvey Rosenthal	Lead Business Coordinator	917 670-2523	that I was wrongfully denied the promotion & that I am skilled enough to be retained/reassigned.

14. Have you filed a charge previously on this matter with the EEOC or another agency? ☐ Yes ☒ No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing:  
 I inquired on 1/29/16 pertaining to the matter of my mgr. Cognita Glover targeting me.

16. Have you sought help about this situation from a union, an attorney, or any other source? ☐ Yes ☒ No  
 Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

**BOX 1** ☒ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

**BOX 2** ☐ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.



Signature

07/19/16

Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08). 2) AUTHORITY. 42 USC § 2000e-5(b), 29 USC § 211, 29 USC § 626, 42 USC § 12117(a), 42 USC § 2000ff-6.
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge. 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.